

## Statement of Organization CANDIDATE COMMITTEE

Commonwealth of Virginia

JUN 1 1 2013

\*Please read instructions before completing this form.

		Type of State	ment	the day the last the second of the last to the			
	ĭ NEW	□ AMENDED					
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.					
		Date Change	s Took Effect	SBE-issued Commi	ittee ID		
Committee Information							
	Chapman.	for She	. 00				
	Chapmon for Sheriff Name of Candidate Campaign Committee						
	Street Address/PO Box Suite #						
Committee	Street Address/PU Box	Suite #					
Information	Lynchburg			YA	24502		
	City		5	State	Zip Code		
	(434) 509-7501						
	Email Address		]	Daytime Phone #			
	Campaign Website						
		Candidate Infor	mation				
	Ch.	14					
	Salutation Last Name	ian K	evin t Name	Thoma:			
				Minute Ivalie	Suffix		
	Residence Address Apt #						
	Residence Addi ess		F	Apt#			
Candidate Information	Lynchburg				509		
Information	City		S	State	Zip Code		
	County or City of Residence	ty		917161819			
		9		Voter Identification #			
	Kt Chap man@ C Email Address	hapmanpi	, com	(434)509-75	160		
	Email Address		J	Daytime Phone #			
	By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information							
Election	Sheriff Lynchburg						
Information	Office Sought	2000	District (if one)	)			
	(I) Independer	at 20	13	November  May	Special		
	Political Party	Year of	f Election	Type of Electic			



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Treasurer Information						
Treasurer Information	Salutation Last Name  208 Sane R  Residence Address	ROBERT First Name	MILTON  Middle Name Suffix			
	208 Jane K	andolph St				
	Forest	VA	24551			
	BED FORD	State 10	Zip Code 5024706			
	County or City of Residence Voter Identification #					
	waveryder1922@ aol.com					
	Email Address	Daytin	ne Phone #			
	By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository						
First Citizens Bank						
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Lynchburg	VA					
City	State	City	State			
	Committe	ee Activity				
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
Dates of Activity	Date first contribution accepted:	~/4				
	Date first expenditure made:	~/4				
	Date campaign depository designate	ed: 6-10-1_	3			
	Date campaign depository designate  Date filing fee paid for party nomin	ation:				
	Date Statement of Qualification file	ed: 6-16-13	? ——			
	Date treasurer appointed:	6-10-13	<u> </u>			

(continued on next page)

Revised: March 20, 2012



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Filing Method						
	Please indicate the method by which this committee will submit all required campaign finance reports:					
	☐ File electronically using SBE's Electronic Filing Application.					
Filing Method	☐ File electronically using an SBE Approved Vendor  (Please indicate Name of Vendor:)					
	File paper reports.					
	Signature C-10-13 Date					
Signatures						
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.  Candidate's Signature  Date					
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.					
	Treasurer's Signature  Date					